

FORM  
5A

Rev  
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:

400463981

Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10414	4. Contact Name: Melissa Lasley
2. Name of Operator: CASCADE PETROLEUM LLC	Phone: (303) 407-6518
3. Address: 1331 17TH STREET #400	Fax: (303) 407-6501
City: DENVER State: CO Zip: 80202	

5. API Number 05-073-06497-00	6. County: LINCOLN
7. Well Name: FORRISTALL STATE	Well Number: 36-11S-56W-02
8. Location: QtrQtr: SWNE Section: 36 Township: 11S Range: 56W Meridian: 6	
9. Field Name: WILDCAT	Field Code: 99999

Completed Interval

FORMATION: <u>CHEROKEE</u>		Status: <u>SHUT IN</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/14/2013</u>		End Date: <u>05/07/2013</u>		Date of First Production this formation: <u>05/15/2013</u>	
Perforations	Top: <u>7218</u>	Bottom: <u>7322</u>	No. Holes: <u>216</u>	Hole size: <u>0.43</u>	

Provide a brief summary of the formation treatment: Open Hole: ☐

Perfed 7312-7322: Treated with 50bbbls 15%HCL. 20 bbls 2%KCL  
 Perfed 7276-7296: Treated with 50bbbls 15%HCL 15bbbls 2%KCL  
 Perfed 7218-7250: Treated with 51198gal fluid & 13380lb sand

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>1219</u>	Max pressure during treatment (psi): <u>4950</u>
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: <u>NITROGEN</u>	Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): <u>135</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>133800</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: <u>08/05/2013</u>	Hours: <u>24</u>	Bbl oil: <u>8</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>733</u>
Calculated 24 hour rate:	Bbl oil: <u>8</u>	Mcf Gas: <u>0</u>	Bbl H2O: <u>733</u>	GOR: <u>0</u>
Test Method: <u>Pumping</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>0</u>	API Gravity Oil: <u>38</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production: After working to get the correct pump setup in order to keep well running, the water production is proving to high therefore making the well uneconomical

Date formation Abandoned: 08/13/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: \_\_\_\_\_     
 \*\* Sacks cement on top: \_\_\_\_\_     
 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: WARSAW Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB  
Treatment Date: 03/17/2013 End Date: 03/17/2013 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8234 Bottom: 8262 No. Holes: 120 Hole size: 0.43  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Perfed from 8234-8262. 120 shots. 50bbbls 20%HCL 60BBLS 2%KCL

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): \_\_\_\_\_

Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_

Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_

Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 110

Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_

Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_

Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### **Test Information:**

Date: 03/07/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 108  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 108 GOR: 0  
Test Method: Swab Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 0  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: No production

Date formation Abandoned: 03/14/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 8170 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Melissa Lasley

Title: Engineering Technician Date: \_\_\_\_\_ Email: mlasley@cascadepetroleum.com

### **Attachment Check List**

**Att Doc Num** **Name**

400464271 WELLBORE DIAGRAM

Total Attach: 1 Files

### **General Comments**

**User Group** **Comment** **Comment Date**

--	--	--

Total: 0 comment(s)